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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
- ☐ Application No. _____, filed on _____
- ☐ as amended on _____ if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Inventor(s)

Inventor 1 Steven W. Collier

Signature Steven W. Collier Citizen of US

Inventor 2 William J. Curatolo

Signature William J. Curatolo Citizen of US

Inventor 3 Barbara A. Johnson

Signature Barbara A. Johnson Citizen of US

Inventor 4 Brendan J. Murphy

Signature Brendan J. Murphy Citizen of US

☐ Additional inventors are being named on _____

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Mail Stop: Comments - Patent, 2011 South Clark Place, Crystal Plaza Two, Lobby, Room 1B03, Arlington, Virginia 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.


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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	To Be Assigned
	Filing Date	Herewith
	First Named Inventor	Steven W. Collier
	Title	STABLE NON-DIHYDRATE AZITHROMYCIN ORAL SUSPENSIONS
	Group Art Unit	To Be Assigned
	Examiner Name	To Be Assigned
	Attorney Docket Number	PC23199A

I hereby appoint:

☒ Practitioners at Customer Number **28523** → 

OR

☐ Practitioners named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

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OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	William J. Curatolo
Signature	<i>William J. Curatolo</i>
Date	<i>7/30/03</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name	Barbara A. Johnson
Signature	
Date	1/31/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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	Examiner Name	To Be Assigned
Attorney Docket Number		PC23199A23199A

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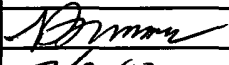
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name	Brendan J. Murphy
Signature	
Date	7/31/03

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OR



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Address

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SIGNATURE of Applicant or Assignee of Record

Name

Steven W. Collier

Signature

Steven W. Collier

Date

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